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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

| Attorney Docket No.    | 021247.0101PTUS                                    | , |
|------------------------|----------------------------------------------------|---|
| First Inventor         | Joe TORREY                                         | 1 |
| Title                  | LAMINATED BOARD AND METHODS OF PRODUCTING THE SAME | Ì |
| Express Mail Label No. |                                                    |   |

| ADDUGATION ELEMENTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                  |               | Mail Stop Patent Application         |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|---------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|---------------------------------------------------------------------------|--|
| APPLICATION ELEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  | ADDR          | ADDRESS TO: Commissioner for Patents |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
| See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |               |                                      | Alexandria VA 22313-1450                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
| See MPEP chapter 600 concerning utility patent application contents.  1.  Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2.  Applicant claims small entity status. See 37 CFR 1.27.  3.  Specification [Total Pages 22] [preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4.  Drawing(s) (35 U.S.C.113) [Total Sheets 7]  5. Oath or Declaration [Total Sheets 7]  Newly executed (original or copy) |                     |                  |               |                                      | 7.                                                                                                                                                     | ADDRESS TO:  P.O. Box 1450 Alexandria VA 22313-1450  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATIONS PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 C.F.R. 3.73(b) Statement Power of (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13. Preliminary Amendment |               |       |                                                                           |  |
| b. Copy from a prior application (37 CFR 1.63 (d))  (for a continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S)  Signed statement attached deleting inventor(s)  named in the prior application, see 37 CFR  1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                  |               | 15.                                  | (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
| 19 If a CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TINUUNC ADDLU       | CATION chock     | nnranriata ha | ov and supp                          | ly the mayinit                                                                                                                                         | o information h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | olow and in   |       | oliminan, amandmant                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | heet under 37 Ci |               | ж, апа ѕаррі                         | y ine requisi                                                                                                                                          | e imormation b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | elow and in a | a pre | eliminary amendment,                                                      |  |
| ☐ Conti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     | ☐ Divisional     |               | nuation-in-pa                        | rt (CIP)                                                                                                                                               | of prior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | application N | lo: _ | /                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | olication informati |                  | niner         |                                      |                                                                                                                                                        | Art Uni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |       |                                                                           |  |
| is considered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | a part of the di    |                  | companying o  | r divisional ap                      | plication and                                                                                                                                          | is hereby incom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       | ration is supplied under Box 5b,<br>ce. The incorporation <u>can only</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                  | 19. C         | ORRESPO                              | NDENCE A                                                                                                                                               | DDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |       |                                                                           |  |
| ☑ Customer Number 3204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                  |               |                                      | 042                                                                                                                                                    | OR Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                  |               |                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                  |               |                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                  |               |                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State Zip Code      |                  |               |                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Telephone           |                  |               |                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fax           |       |                                                                           |  |
| Name (Print/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Туре)               | Kellie L. Carder | 1             |                                      | Registration N                                                                                                                                         | Registration No. (Attorney/Agent) 52,696                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |       | ,696                                                                      |  |
| Signature Kellie & Caraca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                  |               |                                      | Date March 24, 2004                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |       |                                                                           |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, repairing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



| F | EE | TR  | AN | SMI | TT | AL |
|---|----|-----|----|-----|----|----|
|   |    | for | FY | 200 | 4  |    |

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 1632

| Complete if Known    |                 |  |  |  |
|----------------------|-----------------|--|--|--|
| Application Number   | NEW             |  |  |  |
| Filing Date          | March 24, 2004  |  |  |  |
| First Named Inventor | Joe TORREY      |  |  |  |
| Examiner Name        | Unassigned      |  |  |  |
| Art Unit             | Unassigned      |  |  |  |
| Attorney Docket No.  | 021247.0101PTUS |  |  |  |

| METHOD OF PAYMENT (check all that apply)                                  |                                                       |                                                 |              | FEE CALCULATION (continued)                                                |            |          |                                                                            |             |  |  |
|---------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|--------------|----------------------------------------------------------------------------|------------|----------|----------------------------------------------------------------------------|-------------|--|--|
| ☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order                        |                                                       |                                                 | 3. AD        | 3. ADDITIONAL FEES                                                         |            |          |                                                                            |             |  |  |
|                                                                           |                                                       |                                                 | Large        | Entity                                                                     | Small E    | ntity    |                                                                            |             |  |  |
| Deposit Account:                                                          |                                                       |                                                 | Fee          | Fee                                                                        | Fee        | Fee      | Fee Description                                                            | Fee Paid    |  |  |
| Deposit                                                                   |                                                       |                                                 | Code         | (\$)                                                                       | Code       | (\$)     | •                                                                          | ree Paid    |  |  |
| Account<br>Number                                                         | 50-2228                                               |                                                 | 1051<br>1052 | 130<br>50                                                                  | 2051       | 65<br>25 | Surcharge - late filing fee or oath                                        | <u> </u>    |  |  |
| Number                                                                    |                                                       |                                                 | 1052         | 50                                                                         | 2052       | 25       | Surcharge - late provisional filing fee<br>or cover sheet.                 |             |  |  |
| Deposit                                                                   |                                                       |                                                 | 1053         | 130                                                                        | 1053       | 130      | Non-English specification                                                  |             |  |  |
| Account<br>Name                                                           | Patton Boggs LLP                                      |                                                 | 1812         | 2,520                                                                      | 1812       | 2,520    | For filing a request for reexamination                                     |             |  |  |
|                                                                           | thorized to: (check all that app                      |                                                 | 1804         | 920*                                                                       | 1804       | 920*     | Requesting publication of SIR prior to<br>Examiner action                  |             |  |  |
| ☑ Charge any add                                                          | ndicated below                                        | cy of this application                          | 1805         | 1,840*                                                                     | 1805       | 1,840*   | Requesting publication of SIR after Examiner action                        |             |  |  |
|                                                                           | ndicated below, except for the field deposit account. | niing tee                                       | 1251         | 110                                                                        | 2251       | 55       | Extension for reply within first month                                     |             |  |  |
|                                                                           | FEE CALCULATION                                       | <del>```</del>                                  | 1252         | 420                                                                        | 2252       | 210      | Extension for reply within second month                                    |             |  |  |
| 1. BASIC FI                                                               | LING FEE                                              |                                                 | 1253         | 950                                                                        | 2253       | 475      | Extension for reply within third month                                     |             |  |  |
|                                                                           | Small Entity<br>ee Fee Fee Description                |                                                 | 1254         | 1,480                                                                      | 2254       | 740      | Extension for reply within fourth month                                    |             |  |  |
|                                                                           | ode (\$)                                              | Fee Paid                                        | 1255         | 2,010                                                                      | 2255       | 1,005    | Extension for reply within fifth month                                     |             |  |  |
| 1001 770 2                                                                | 001 385 Utility filing fee                            | 770                                             | 1401         | 330                                                                        | 2401       | 165      | Notice of Appeal                                                           |             |  |  |
| 1002 340 2                                                                | 002 170 Design filing fee                             |                                                 | 1402         | 330                                                                        | 2402       | 165      | Filing a brief in support of an appeal                                     |             |  |  |
| 1003 530 2                                                                | 003 265 Plant filing fee                              |                                                 | 1403         | 290                                                                        | 2403       | 145      | Request for oral hearing                                                   |             |  |  |
|                                                                           | 004 385 Reissue filing fee                            | fac.                                            | 1451         | 1,510                                                                      | 1451       | 1,510    | Petition to institute a public use proceeding                              |             |  |  |
| 1005 160 2                                                                | 005 80 Provisional filling                            | ree                                             | 1452         | 110                                                                        | 2452       | 55       | Petition to revive – unavoidable                                           |             |  |  |
|                                                                           | SUBTOTAL (1)                                          | (\$) 770                                        | 1453         | 1,330                                                                      | 2453       | 665      | Petition to revive - unintentional                                         |             |  |  |
| <u></u>                                                                   |                                                       |                                                 | 1501         | 1,330                                                                      | 2501       | 665      | Utility issue fee (or reissue)                                             |             |  |  |
| 2. EXTRA CLA                                                              | IM FEES FOR UTILITY AN                                |                                                 | 1502         | 480                                                                        | 2502       | 240      | Design issue fee                                                           |             |  |  |
|                                                                           |                                                       | e from Fee                                      | 1503         | 640                                                                        | 2503       | 320      | Plant issue fee                                                            |             |  |  |
| Total Claims 44                                                           |                                                       | 18 = 432                                        | 1460         | 130                                                                        | 1460       | 130      | Petitions to the Commissioner                                              |             |  |  |
| Independent                                                               |                                                       |                                                 | 1807         | 50                                                                         | 1807       | 50       | Processing fee under 37 CFR 1.17 (q)                                       |             |  |  |
| Claims 8                                                                  | X                                                     | = 430                                           | 1806         | 180                                                                        | 1806       | 180      | Submission of Information Disclosure Stmt                                  |             |  |  |
| Multiple<br>Dependent<br>Large Entity                                     | XX                                                    | 290 = 0                                         | 8021         | 40                                                                         | 8021       | 40       | Recording each patent assignment per property (times number of properties) |             |  |  |
| Fee Fee Code (\$)                                                         | Fee Fee Fee Descrip                                   | <u>tion</u>                                     | 1809         | 770                                                                        | 2809       | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |             |  |  |
| 1202 18                                                                   | 2202 9 Claims in ex                                   |                                                 | 1810         | 770                                                                        | 2810       | 385      | For each additional invention to be                                        |             |  |  |
| 1201 86                                                                   | · '                                                   | claims in excess of 3                           | ļ            |                                                                            | 1          |          | examined (37 CFR § 1.129(b))                                               | <del></del> |  |  |
| 1203 290                                                                  | ** Poissus in                                         | endent claim, if not paid dependent claims over | 1801         | 770                                                                        | 2801       | 385      | Request for Continued Examination (RCE)                                    |             |  |  |
| 1204 86                                                                   | original pater                                        | nt                                              | 1802         | 900                                                                        | 1802       | 900      | Request for expedited examination of a design application                  |             |  |  |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent |                                                       |                                                 |              |                                                                            |            |          |                                                                            |             |  |  |
| SUBTOTAL (2) (\$) 862                                                     |                                                       |                                                 |              | Other fee (specify)  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 |            |          |                                                                            |             |  |  |
| **or number previously paid, if greater, For Reissues, see above          |                                                       |                                                 |              | ceu by B                                                                   | asıç PIIIN | y ree Pa | aid SUBTOTAL (3) (\$) 0                                                    |             |  |  |
|                                                                           |                                                       |                                                 |              | _                                                                          |            | =        |                                                                            |             |  |  |

SUBMITTED BY Complete (if applicable) Registration No. (Attorney/Agent) Name (Print/Type) Kellie L. Carden 52,696 Telephone 703-744-7919 Signature Kellie Z. carden Date March 24, 2004

> WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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